

## STATE OF TENNESSEE BUREAU OF TENNCARE DEPARTMENT OF FINANCE AND ADMINISTRATION 310 GREAT CIRCLE ROAD NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

To: All TennCare Providers
From: Bureau of TennCare
Date: September 28, 2007

**Re**: TennCare Home Health Services benefits

## Please forward the information in this notice to all providers who may be affected by these processing changes.

## Dear Provider:

A federal court order entered in a class action lawsuit known as <u>Newberry</u> requires TennCare to disseminate this letter to health care providers serving our members. This letter aims to:

- familiarize TennCare providers with the general scope of the TennCare Home Health Services benefit to which our members are entitled,
- apprise TennCare providers concerning Newberry's general implications, and
- inform TennCare providers where they may obtain additional information.

TennCare covers medically necessary Home Health Services in accordance with state and federal law. TennCare designed its Home Health benefit in order to confer our members with an opportunity to obtain certain services in their residences instead of in traditional facility-based settings such as nursing homes.

Among the services covered by TennCare's Home Health benefit are the following:

- 1. **Private Duty Nursing** for members requiring 8 or more hours per day of continuous skilled nursing care from an LPN or RN
- 2. **Part-time or Intermittent Nursing** for members requiring periodic skilled nursing care from an LPN or RN, e.g., ventilator management, catheterization, medication administration
- **3.** Home Health Aide for members requiring 'hands-on' care that member cannot self-administer and for which there is no other caregiver (e.g., parent or spouse) who is able to provide the services
- 4. **Physical and Occupational Therapy**, including speech pathology and audiology
- 5. **Requisite medical equipment**, supplies and appliances suitable for use in the member's home

While certain legal restrictions apply<sup>1</sup>, these services are generally available to TennCare members as long as they satisfy TennCare's Medical Necessity Criteria<sup>2</sup>, and as long as the prescribing physician obtains the requisite prior authorization from the member's TennCare health plan. <sup>3</sup>

Although the TennCare Home Health benefit does not cover tasks such as meal preparation, house cleaning, and childcare, <u>Newberry</u> prescribes eleven (11) grounds for which TennCare and its contracted health plans may not deny requested Home Health Services. Specifically, TennCare will not deny requests for Home Health Services because:

- 1. the care is expected to be medically necessary on a long-term basis or to treat a chronic condition;
- 2. the care is deemed custodial;
- 3. the recipient member is not homebound;
- 4. utilization guidelines preclude the service in conflict with Newberry;
- 5. the member fails to meet Medicare or other non-TennCare coverage criteria;
- 6. the care fails to require or involve skilled nursing;
- 7. the care involves assistance with activities of daily living;
- 8. the care involves home health aide services;
- 9. the care fails to meet a numerical limit unrelated to medical necessity;
- 10. the member could receive Medicaid nursing facility services; or
- 11. medically necessary home health care is not covered.

Thank you for your dedicated service to the citizens of Tennessee. If you have any questions about this letter, please call 888-816-1680.

<sup>&</sup>lt;sup>1</sup> TennCare home health and medical necessity rules are available on the TennCare website: <a href="http://tennessee.gov/sos/rules/1200/1200-13/1200-13-16.pdf">http://tennessee.gov/sos/rules/1200/1200-13/1200-13-16.pdf</a>

<sup>&</sup>lt;sup>2</sup>See TennCare Rule 1200-13-16-.05 at <a href="http://tennessee.gov/sos/rules/1200/1200-13/1200-13-16.pdf">http://tennessee.gov/sos/rules/1200/1200-13/1200-13-16.pdf</a>

<sup>&</sup>lt;sup>3</sup> Prior Authorization requires the name of the prescribing physician, specific information concerning the member's medical condition and any associated disability that necessitates provision of the requested services, and specific information concerning the frequency and duration of the prescribed care. For example, concerning requests for Home Health Aide services, the physician might identify the service type as "bathing and bed transfer 3 times per week for 2 months."

<sup>&</sup>lt;sup>4</sup> The <u>Newberry</u> federal court order is available on the TennCare website: http://www.state.tn.us/tenncare/forms/newberry.pdf